

**Blue Cross Blue Shield of Wisconsin
(dba Anthem Blue Cross and Blue Shield)
P.O. Box 3047
Milwaukee, WI 53201-3047
(www.bluecrosswisconsin.com)**

Consumer Service Telephone No. 1-800-548-4455

Form No. BCCS-0606a

First-Year Commission: 12%

25% Medicare Supplement Cost-Sharing Plan

50% Medicare Supplement Cost-Sharing Plan

Health History Requested: Limited

Waiting Period: 3 Months

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Brown, Dane, and Outagamie counties

Area 3: All other Wisconsin counties

Annual Premium - 50% Cost-Sharing Plan

Area 1			Area 2		
Age	Male	Female	Age	Male	Female
Under 65	\$2,083.56	\$1,950.72	Under 65	\$1,770.96	\$1,658.16
65	813.48	771.84	65	691.44	656.04
70	973.68	920.52	70	827.64	782.52
75	1,138.80	1,073.76	75	967.92	912.72
80	1,428.84	1,343.04	80	1,214.52	1,141.56

Area 3		
Age	Male	Female
Under 65	\$1,875.12	\$1,755.72
65	732.12	694.68
70	876.36	828.48
75	1,024.92	966.36
80	1,285.92	1,208.76

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

You will pay **half** the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$4,000** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Blue Cross Blue Shield of Wisconsin (Cont'd)

Annual Premium - 25% Cost-Sharing Plan

Area 1			Area 2		
Age	Male	Female	Age	Male	Female
Under 65	\$2,782.20	\$2,597.28	Under 65	\$2,364.84	\$2,207.76
65	1,013.88	955.92	65	861.72	812.52
70	1,236.96	1,162.92	70	1,051.44	988.56
75	1,466.76	1,376.28	75	1,246.68	1,169.88
80	1,870.68	1,751.16	80	1,590.12	1,488.48

Area 3		
Age	Male	Female
Under 65	\$2,504.04	\$2,337.60
65	912.48	860.28
70	1,113.24	1,046.64
75	1,320.12	1,238.64
80	1,683.60	1,576.08

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

You will pay **one quarter** the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$2,000** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Annual Premium - Optional Benefits

	50% Cost-sharing Plan	25% Cost-Sharing Plan
Part A Deductible (\$952):	50%	75%
Part B Deductible (\$124):	Not covered	Not covered
Part B Excess Charges:	Not covered	Not covered
Foreign Travel:	Not covered	Not covered

Blue Cross Blue Shield of Wisconsin (Cont'd)

Additional Home Health Visits:

Area 1			Area 2		
Age	Male	Female	Age	Male	Female
Under 65	\$56.40	\$52.32	Under 65	\$47.88	\$44.52
65	19.80	18.36	65	16.80	15.60
70	23.52	21.84	70	20.04	18.60
75	28.08	26.04	75	23.88	22.20
80	37.56	34.92	80	31.92	29.64

Area 3		
Age	Male	Female
Under 65	\$50.76	\$47.04
65	17.76	16.56
70	21.24	19.68
75	25.20	23.40
80	33.84	31.44